

Born in Cleveland ☐ YES ☐ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____ Artist ROBERT LAGESSIG
FIRST NAME LAST NAME

Address 5026 HAWKINS RD WEST RICHFIELD SUMMIT OHIO Tel. 069-5674
NO. STREET CITY ZONE COUNTY

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

[illegible]

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

REC'D MAR 11 1963

Robert A. Lacey
SIGNATURE